

# Everyone belongs at the YMCA!

The Greater Burlington YMCA is committed to the values of caring, respect, responsibility, and honesty. It is our mission to build a strong community by involving youth, adults, and families in programs and activities which develop spirit, mind, and body.

## How do I apply?

Return the application to the Greater Burlington YMCA, Financial Assistance Program, 266 College St., Burlington, VT 05401

## How is financial assistance determined?

Your confidential information will be reviewed by the departmental head of the YMCA program you are applying for. Once we receive your application, a written notice will be sent to you within 30 days.

## Greater Burlington YMCA

The Greater Burlington YMCA provides a wide range of services to approximately 20,000 children, teens, adults and families throughout northern Vermont.

It is our goal that the YMCA experience is available to everyone. We strive to ensure that access to our programs is available for all regardless of ability to pay. If you have questions regarding this application, please call the YMCA at 802-862-9622.

[www.gbymca.org](http://www.gbymca.org)

## Greater Burlington YMCA Mission

To build a strong community by involving youth, adults and families in programs and activities that develop spirit, mind and body.



## Greater Burlington YMCA PROGRAMS FOR ALL

### Financial Assistance Program

**Come join the fun!**



\*Subject to availability.

**Greater Burlington YMCA**  
266 College Street Burlington, VT 05401 862-YMCA

**YMCA at Winooski**  
32 Malletts Bay Avenue Winooski, VT 05404 655-YMCA  
[www.gbymca.org](http://www.gbymca.org)

# Greater Burlington YMCA Financial Assistance Application

## Personal Information \_\_\_\_\_

Please be sure you have answered all questions, and required documentation is attached. Thank you.

Name of Person Applying for Assistance: \_\_\_\_\_ Applying for:  Self  Children/Family  Other

How many adults in household?: \_\_\_\_\_ How many children under age 18?: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

If not self, please list for whom Financial Assistance is requested for:

First Name	Last Name	School/Employer	Date of Birth

I am applying for assistance for:

### Membership (please select)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 2-Adult family with children*  | <input type="checkbox"/> Youth (up to 12 yrs) | <input type="checkbox"/> Camp Abnaki  | <input type="checkbox"/> Pre-school/childcare: site _____ |
| <input type="checkbox"/> 2-Adult family                 | <input type="checkbox"/> Teen (13-19)         | <input type="checkbox"/> Camp Greylock  | <input type="checkbox"/> Kindergarten                     |
| <input type="checkbox"/> 1-Adult family with children   | <input type="checkbox"/> Young Adult (20-24)  | <input type="checkbox"/> Y's Guys: site _____                                 | <input type="checkbox"/> Infant/Toddler                   |
| <input type="checkbox"/> 1-Adult                        | <input type="checkbox"/> Adult (25-64)        | <input type="checkbox"/> Live Y'ers: site _____                               |   |
| <input type="checkbox"/> Older Adult (age 65 and older) |   | <input type="checkbox"/> Sport, Fitness, Aquatics: Session: _____ class _____ |   |

*\*A family is defined as 2 married adults or 2 adults formed as a civil union living in the same household with their dependents.*

Fee \_\_\_\_\_ Amount you can pay \_\_\_\_\_

## Financial Information \_\_\_\_\_

To determine your eligibility for financial assistance and the amount the YMCA will subsidize, please complete the following and include copies of the documents listed in the box below. **Prior to seeking child care tuition assistance, you must apply for state subsidy. Please confirm status of DCF application.**

\_\_\_\_\_ Waiting to hear \_\_\_\_\_ Verification enclosed

### Household Income Information

Total Monthly wages of Applicant	\$ _____
Spouse/Partner	\$ _____
DCF Childcare Subsidy	\$ _____
Child Support	\$ _____
State or Federal Income	\$ _____
Other Income/Source	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**For more information about State of Vermont childcare (DCF) subsidy, dial 2-1-1.**

**Please provide any additional information which may be helpful.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest the information provided is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### Required Documentation:

- Copy of 1040 Federal Tax Return
- Copy of two most recent pay stubs and/or verification of state or federal assistance received (SSI, SRS, ANFC, General Assistance, Food Stamps).
- If applying for fee assistance for a child, include copy of your application for the childcare or camping program.